

Application For General Child Care and Development (GCTR) Program Funding

Return To: Child Development Division
MB 02-14a/GCTR-SF
560 J Street, Suite 220
Sacramento, CA 95814

Revised July 30, 2002

DUE IN CDD OFFICE BY:
August 30, 2002
5 p.m.

Section I: Applicant Organization Information

Legal Name of Agency:	Agency Contact:	
	Phone/Fax:	
Executive Director:	Program Director:	
Address:	Address:	
City: Zip:	City: Zip:	
Phone:	Phone:	
Fax:	Fax:	
E-mail:	E-mail:	

Section II: Legal Status of Agency

(Check one box below and provide the appropriate agency identification information.)

- | | |
|--|--|
| <input type="checkbox"/> City or City Agency | <input type="checkbox"/> Private Nonprofit Organization—Number of years in operation: → |
| <input type="checkbox"/> County or County Agency | <input type="checkbox"/> Private For-Profit Organization—Number of years in operation: → |
| <input type="checkbox"/> State or Federal Agency | Enter Federal Employer Identification Number: → <input type="text"/> |
| <input type="checkbox"/> State College or University | |
| <input type="checkbox"/> Community College | |
| <input type="checkbox"/> County Office of Education | |
| <input type="checkbox"/> School District | Enter CDS* Code: → <input type="text"/> |
| <input type="checkbox"/> Tribal Council | |
| <input type="checkbox"/> Military Installation | |
- OR**

* CDE coding system as published in the California Public School Directory. This code verifies that the school is a California Public School. (Example: 01 6119 6110779 Bay Farm Elem)

Section III: Program Service Summary Information

County Where Services Will Be Provided	Maximum Total Contract Dollars Available	Current Minimum Days of Operation (MDO)	Contract Start Date	Enter Total Estimated Number of State Subsidized Children To Be Served Under this Contract	
San Francisco (ZIP Code 94124 area)	\$255,871	Calendar days: 251	January 1, 2003	Birth to Three years of age	

Section IV: Determining Agency Headquartered Status	Yes	No
1. Has your agency provided child care and development services in the county in which you are applying for at least three years immediately preceding the date of this Management Bulletin?		
2. Is the physical address of your administrative office for child development programs located in the county in which you are applying?		

Your agency is considered "Headquartered" in the county where you plan to serve children IF you answered "Yes" to either question 1 or question 2 above.

Section V: Intent to Subcontract GCTR Contract Services
<input type="checkbox"/> Check this box if your agency intends to establish a subcontract relationship with another entity to implement the GCTR program services described in this application. Enter the subcontractor's information.
<input type="checkbox"/> Check this box if the Subcontractor is also applying for this program funding as a primary contractor.
Subcontractor's Legal Name of Agency: _____
Subcontractor's Name: _____ Contact Name: _____
Address: _____ Phone: _____
City/Zip: _____ Fax: _____
Federal Employer Identification No. or Social Security No. (if Individual/Sole Proprietor): _____
The applicant agency must apply the subcontract requirements detailed in Title 5, CCR, sections 18026-18032 and the Funding Terms and Conditions for subcontracting services. Management and/or Direct Services Subcontracts must be audited in accordance with CDE, Office of External Audits, and Audit Guidelines.
I certify under penalty of perjury that I am an authorized agent representing the subcontracting agency. I have read the full content of this application, and to the best of my knowledge and belief, the data in this application and in any attachments hereto are true and correct. I further certify the subcontracting agency will fulfill all of the agreements certifications (Section IX), and conditions as described in Management Bulletin 02-14a application and instructions.
Signature of Subcontractor's Authorized Representative: _____ Date _____
Typed Name and Title of Subcontractor's Authorized Representative: _____

Section VI: Site Information and Program Staffing Plan Instructions									
Instructions for Completing Site Information: Complete the information requested for each proposed program site, if other than existing site(s). If more than one site will be utilized, copy page 3 and complete one Site Information Section for each proposed site.									
Program Staffing Plan: Programs must maintain at least the minimum staffing ratios described below in all centers in accordance with Title 5, CCR, Section 18290. Compliance with these ratios shall be determined based on actual attendance.									
<table border="1"><thead><tr><th>Age of Children</th><th>Adult-to-Child Ratio</th><th>Teacher-to-Child Ratio</th></tr></thead><tbody><tr><td>Infants (Birth to 18 months old)</td><td>1:3</td><td>1:18</td></tr><tr><td>Toddlers (18 months to 36 months)</td><td>1:4</td><td>1:16</td></tr></tbody></table>	Age of Children	Adult-to-Child Ratio	Teacher-to-Child Ratio	Infants (Birth to 18 months old)	1:3	1:18	Toddlers (18 months to 36 months)	1:4	1:16
Age of Children	Adult-to-Child Ratio	Teacher-to-Child Ratio							
Infants (Birth to 18 months old)	1:3	1:18							
Toddlers (18 months to 36 months)	1:4	1:16							
Note: The Commission on Teacher Credentialing provides information on staffing qualifications and Child Development Permits. This information can be accessed via the Internet at the following World Wide Web URL: http://www.ctc.ca.gov/credentialinfo/leaflets/cl797/cl797.html									

Section VII: Facility/Site Licensing Status				
<p>For each proposed program site, the applicant must demonstrate the facility is licensed by the Department of Social Services (DSS), Community Care Licensing (CCL) Division, before program services begin. If the proposed facility is exempt from licensing by statute or otherwise exempt from licensure (e.g., centers located on military installations or tribal lands), the applicant must ensure compliance with health and safety regulations for day care centers as specified in Title 22, CCR, Community Care Licensing Regulations. All applicants must comply with the health and safety regulations in order to qualify for child care and development program contract funds. For multiple sites copy this page and complete a separate Section VII and VIII for each site.</p>				
A. LICENSING CODE: (Circle all that apply to this site.)			B. CAPACITY INFORMATION:	
1	EXEMPT from licensing – attach documentation from DSS, CCL Division or any other source supporting the license exempt status fro this site.		FIRE REGULATIONS CAPACITY:	
2	Has a facility, license is PENDING approval by DSS, CCL – attach documentation of your enrollment in a DSS/CCL Orientation-Component 1, or the receipt of your application by DSS, CCL Division.		CAPACITY APPLIED FOR:	
3	Has a facility with a CURRENT License #: (Enter Number Here)		CAPACITY OF CURRENT LICENSE: Attach copy of current license for this site	
C. Site Name: Site Address: City/Zip Code: Site Phone Number:			D. License Type or Age Group: (Circle all that apply)	I = Infant Center – 0 through 24 months D = Day Care Center = 25 months through kindergarten S = School Age Center = kindergarten through age 17 H = Center for the mildly ill children
E. Number of children currently being served at this site, under this license:		F. Number of children from this contract to be added to this facility:		
G. If total number of children to be served at this facility exceeds current capacity, attach to this application a written explanation how the agency will comply with licensing requirements; or if license exempt, how the agency will provide for the health and safety of the children.				
Section VIII: Program Staffing Plan for this Site:				
Administration (A) This classification includes program director, site supervisor, fiscal coordinator, secretaries, clerks, and others whose primary function is to facilitate the administrative processes.		Instructional Services (IS) This classification includes master teachers, teachers, associate teachers, and other assisting adults whose primary function is to work with children under the direct supervision of a teacher.		
Other Operational Services (OS) This classification includes custodians, cooks, bus drivers, grounds persons, and others performing similar functions.		Support Services (SS) This classification includes nurses, counselors, social workers, resource teachers, and others who are licensed and performing specialized professional services.		
A. List below the staff positions that will be paid from the requested contract dollars.				
Job Title (Include Classification Code) Use Codes Listed Above (A, IS, OS, SS)		Number of Full-Time Equivalent Employees (For This Program Only)	Salary Range (Hourly or Monthly)	
Code	Job Title / Number of Employees		Minimum	Maximum
B. List other staff resources that are not paid through this application but support program activities (In-Kind)				

Section IX: Additional Program and Fiscal Requirements

1. I certify that the applicant agency will comply with all applicable local and state program and facility licensing requirements including, but not limited to: California *Education Code (EC)* sections 8200-8499.7; Title 5, *California Code of Regulations (5 CCR)*, sections 18000-18308; Title 22, *CCR*, Division 12, (22 *CCR*). The applicant agency shall not begin services to children unless the applicant agency is in possession of a facility license issued by DSS, CCL Division, or the facility is exempt from licensing by statute, or otherwise exempt from licensure.
2. I certify that the applicant agency has proof of nonprofit or for-profit status under the *Internal Revenue Code*, or that the applicant is a unit of the government.
3. I certify that the applicant agency will comply with Title VI of the 1964 Civil Rights Act and implementing regulations; Section 504 of the Rehabilitation Act of 1979, as amended; the Age Discrimination Act of 1979; and that the applicant agency observes provisions of the Drug Free Workplace Act of 1988 and the *California Government Code* sections 11135-11139.5.
4. I certify that the applicant agency will comply with the Fair Labor Standards Act as defined by the Secretary of Labor in part 506 of Title 29 of the *Code of Federal Regulations*; the American With Disabilities Act of 1990; and the Fair Employment and Housing Act.
5. I certify that the applicant agency will comply with CDE/CDD Funding Terms and Conditions and Program Requirements directing public agency contractors to seek advance approval by the CDD to subcontract direct child development services to a private subcontractor, if services are for \$10,000 or more.
6. I certify that the applicant agency will employ fully qualified personnel as defined in 5 *CCR* and CDD Funding Terms and Conditions and Program Requirements, Staff Qualifications section. The applicant agency will have sufficient qualified staff to perform all administrative, support, auxiliary and instruction functions required in the administration of a child development program in accordance with 5 *CCR*, Section 18290.
7. I certify that the applicant agency will maintain a current personnel roster that identifies each employee working in the child development program; the employee's position; the type, and date of expiration, staff credentials/permits; transcripts of all college units completed for those employees who do not need a permit as a requirement for their position; years of staff experience; and fingerprint clearances.
8. I certify that the applicant agency will complete an annual self-assessment and submit it to CDE/CDD by June 1 of each year.
9. I certify that that applicant agency, excluding Local Educational Agencies (LEAs), will submit an annual financial audit report to the CDD in accordance with 5 *CCR* Section 18071 by November 15 for the fiscal year ending June 30. For those contractors with a fiscal year that differs from that of the State, the annual fiscal audit report is due by the 15th day of the 5th month after their fiscal year ends, in accordance with *CEC* Section 8448(g).
10. I certify that the applicant agency will ensure adequate equipment and supplies are available for the children prior to the first day of service.
11. I certify that the applicant agency will implement professional development opportunities for program staff, in accordance with 5 *CCR* Section 18274.
12. I certify that the applicant agency will establish a parent involvement and education component in its program including the development of a Parent Advisory Committee as defined in 5 *CCR* Section 18275.
13. I certify that the applicant agency will conduct outreach efforts to build community awareness about the program, and to solicit community support for the program in accordance with 5 *CCR* Section 18277.
14. I certify that the applicant agency will refer the children and family served through this application to appropriate agencies in the community based on the identified health or social service needs.
15. I certify that the agency will provide nutritious snacks, meals, and a nutrition education component will be provided in accordance with 5 *CCR* Section 18278.

Section IX: Additional Program and Fiscal Requirements (continued)

16. I certify that in the event the agency exceeds CDE contracted maximum reimbursable amount (a cost reimbursement capped rate), any excess expenditure of funds will be the responsibility of the applicant agency exclusive of CDE contract funds.
17. I certify that the applicant agency will establish, or will have established, a child development fund as required by the EC Section 8328 and 5 CCR Section 18064.
18. I certify that the applicant agency possesses sufficient fiscal resources to start up and operate the program being requested for a period of *up to three months* (90 days of operation) without any cash receipts from the State.

Section X Written Application Component: Program Narrative

Applicants must develop and submit the narrative description of the program they will operate through this contract in accordance with the instructions specified in this application. Instructions for completing the Program Narrative Section and the Program Narrative Description are described on Page 7 and 8 of this application.

Section XI: Required Forms

Applicants must complete and submit the forms below with their application. Failure to do so will result in a rejected application.

1. Projected Annual Program Budget: Form A (required of all applicants).
2. Request for Start-Up Allowance: Form B (if applicable).
3. 2002-2003 Program Calendar: Form C (required of all applicants).
4. 2003-2004 Program Calendar: Form D (required of all applicants).
5. Vendor Data Record: Form E (original signature required on this form). **NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form. All other entities must submit Form E. If an applicant has any question regarding completion of this form, contact CDD.**
6. Nondiscrimination Compliance Statement: Form F (original signature required on this form and this form is required of all applicants).

Section XII: Required Supplemental Information

CDD requires applicants to attach and submit with this application the items listed below:

1. Articles of Incorporation – Current copy filed to Secretary of State (for Private Non-profit and Private For-profit agencies only).
2. Facility License(s) or verification of licensing status.
Note: If applicant intends to subcontract with another entity, the subcontractor must also submit Articles of Incorporation and facility license(s).
3. If the total number of children to be served at this facility exceeds current capacity, attach to this application a written explanation of how the agency will comply with licensing requirements; or if license exempt, how the agency will provide for the health and safety of the children (See Page 3, Section VII(G), of the application).

Section XIII: Applicant Agency's Fiscal Resource Information

Each applicant, including school districts, and other government agencies, must possess sufficient fiscal resources in order to start up and operate the program being requested for a period of *up to three months without any cash receipts from the State*.

☐ Check this box if you are a school district, community college, or a governmental entity and identify your agency's funding source within your organization (e.g., budget line item number, account number, or any other applicable reference).

☐ Check this box if you are a private nonprofit organization, private for-profit organization, or Tribal Council. In this section, list and describe fiscal resources (cash, line of credit, emergency loans, etc.) the agency has or can access to cover initial start up and operating costs for the first 90 days of program operations. Fiscal resource information should be specific (e.g., bank or lender names; name of the holder of the account).

Section XIV: Required Signature for Certification of Application

I certify under penalty of perjury that I am an authorized agent representing this agency. I have read the full content of this application, and to the best of my knowledge and belief, the data in this application and in any attachments hereto are true and correct. I further certify the applicant agency will fulfill all of the agreements, certifications (Section IX), and conditions as described in Management Bulletin 02-14a and this application.

Signature of Authorized Representative of Agency: _____
(Please Use Blue Ink for Signature) Date

Typed Name and Title of Authorized Representative: _____

Program Narrative

Instructions For Completing the Program Narrative Section:

The maximum number of single-sided-pages that can be submitted for the Program Narrative is 12. Use white bond paper, 8 ½ by 11 inches in size. The top, bottom, left, and right margins of the page must be at least one-half inch. Use a 12-point font (e.g., Arial or Times New Roman) that does not exceed six lines per inch and does not exceed 15 characters per inch. Do not use a compressed, narrow, or script font.

At the top of each page, include the following identifying information:

Management Bulletin MB 02-14a/GCTR – SF
[Name of Applicant Agency]
[Page Number]

Include the program component number and title for each section, then proceed with your response. For example:

1: Agency Philosophy and Introduction

XX
XX

Agencies are required to describe the *major* goals and objectives for Program Components 3 through 5 as listed in the Program Narrative Description on page 8 of this bulletin. In this application, the goals and objectives are placed at the beginning of each page for that specific component. Goals and objectives, as used in this application, are defined below:

- **Goals** are broad and comprehensive statements. Written goals provide a picture of the agency's plan to build and sustain a high quality developmental program for children and support for their families.
- **Objectives** are specific action statements. They include measurable outcomes and timelines for accomplishing them. Objectives are not abstractions. Objectives are the action commitments through which an agency will carry-out its program goals and the basis against which program performance is measured.

Example Goal Statement and Supporting Objective Statement:

GOAL: Provide an effective and efficient organizational and administrative structure to support the delivery of quality child development services to enrolled children and their families.

OBJECTIVE: By June 1, 2002, the Board of Directors will receive specialized training and technical assistance. Topics will include, but not be limited to, effective Board management, fiscal responsibilities of agency board members and supporting cultural awareness.

MEASUREMENT: 95 percent attendance at regularly scheduled meetings as noted in meeting minutes. 90 percent attendance of board members at each planned training activity as noted in training sign-in sheets. 100 percent participation in the needs assessment process to identify future Board training topics and in the development of agency training plan for fiscal year 02-03.

Together, goals and objectives for the five required program subcomponent areas represent the fundamental strategy of the agency's program.

Program Narrative Description			
Points	Program Component	Page Limit	Information Requested
Not Scored	1. Agency Philosophy and Introduction	1	Summarize the agency's philosophy regarding child development services for children and families. The agency may also use this section to explain the agency's unique features that are important and promote understanding of the programs described in this application.
Not Scored	2. Children and Families	1	Describe the children and families to be served through this application (e.g., economic levels of families, ethnicity(ies), languages other than English spoken in the home, types of work in the area where services are proposed, and special needs of families serviced).
0-25	3. Program Administration	3	<p><u>Goals and Objectives:</u> Write five major goals that address the following program subcomponent areas (one for each area):</p> <ol style="list-style-type: none"> 1. Child development learning activity and environment design; 2. Facilities management; 3. Recruitment and retention of qualified (5 CCR; 22 CCR) staff; 4. Ongoing staff development; and 5. Fiscal accountability. <p>For each goal/objective produce three major objectives, including outcome measures and timelines, to support the implementation of each of the five identified goal areas.</p> <p>Describe your agency's process for assessing the agency's progress meeting the goals and objectives presented in this section.</p>
0-60	4. Meeting the Developmental Needs of Children	4	<p>A. For the children to be served through this application, provide a written narrative that demonstrates a comprehensive and clearly defined rationale for the role of assessment, and the selection of curricular activities that support children's developmental growth in each of the five learning activity areas listed below:</p> <ol style="list-style-type: none"> 1. Social-emotional development; 2. Cognitive development; 3. Language development; 4. Physical development; and 5. Nutrition education. <p>B. Activities must be age and linguistically appropriate, culturally supportive and designed to accommodate variation in rates of development with attention to individual learning styles and abilities. Using Attachment C (or comparable alternative) develop a sample lesson plan and provide a daily schedule for the third week in November. The Lesson plan should be comprehensive, integrated and experientially rich. Incorporate nutrition education activities including documentation of the direct food service component (snacks and/or lunches). Demonstrate in the daily schedule program variety that includes a balance between group, child-initiated, adult-initiated, individual and cooperative active learning experiences. Indicate in the schedule the ages of the children served, the time the service begins, transition times, times of planned snacks and meals, and the time the day ends.</p>
0-15	5. Parent and Community Outreach, and Involvement	3	<p>Describe in detail the agency's plan to:</p> <ol style="list-style-type: none"> 1. Assess parent and community resources; 2. Develop linkages between home, school and community resources; and 3. Utilize parent and community resources in the administration and delivery of the program.

Projected Annual Program Budget			Form A/Page 1
<p>The applicant agency must completely fill out ALL budget information requested in Columns A-D for funding requested for applicable sites. The budget information will be reviewed to determine the fiscal soundness of your program. Prepare an annual budget showing ALL costs necessary to operate the GCTR program for a full fiscal year. Be sure to include ALL costs for the non-certified children in these calculations.</p>			
Column A Proposed Budget Plan for This Contract		Column B Worksheet to Determine Percentage of Certified Enrollment	
<p>DEFINITIONS: <u>"Certificated"</u> salaries are those paid to employees with a teaching credential or other appropriate certificate required for their position. <u>"Service contracts"</u> could include janitorial, consultant, auditor, etc. <u>"Other Operating"</u> expenses include telephone, utilities, etc. <u>"Indirect cost"</u> can only be charged for an item that would normally fall under categories 1000-5000 but is not listed in these line items because it cannot be separately identified. Indirect costs may not exceed 8% of the total of the first five categories (school districts and county office of education shall use CDE approved rate if less than 8%).</p>		<p>NOTES: Use this worksheet to calculate the Child Days of Enrollment (cde) for this program, and to determine the percentage of cde for the certified (state-subsidized) portion of this program and budget.</p>	
1)	Certificated Salaries (1000)	\$	<p>1) Certified Enrollment (this program)</p> <p>a. Number of subsidized children to be enrolled in GCTR program: _____ (a)</p> <p>b. Times total FTE days _____ x _____ (b)</p> <p>c. Equals "Certified child days of enrollment (cde)" _____ = _____ (c)</p> <p>2) Noncertified Enrollment (this program)</p> <p>a. Number of non-subsidized children to be enrolled in GCTR program : _____ (a)</p> <p>b. Times total FTE days _____ x _____ (b)</p> <p>c. Equals "Noncertified cde" _____ = _____ (c)</p> <p>3) Total cde = Certified cde (1c) + Noncertified cde (2c) _____ = _____</p> <p>4) Percentage of Certified enrollment Divide the "certified cde" by the "total cde" (certified plus noncertified):</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>_____ ÷</div> <div>_____ =</div> <div>_____ %</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div>Certified cde (1c)</div> <div>TOTAL cde (1c + 2c)</div> <div>% of Certified Enrollment</div> </div>
2)	Classified Salaries (2000)	\$	
3	Employee Benefits (3000)	\$	
4)	Books and Supplies (4000)	\$	
5)	Services and Other Operating Expenses (5000) (Total of a,b,c,d,e, and f)	\$	
	a. Rent/Lease:	\$	
	b. Service Contracts:	\$	
	c. Nutrition:	\$	
	d. Travel:	\$	
	e. Other: _____	\$	
	f. Other: _____	\$	
6)	Equipment (6400) (Annual, other than Start-Up)	\$	<p>5) Proration of budget for certified enrollment:</p> <p>ADJUSTED BUDGET (Budget Total, Column A #11, minus nutrition costs for certified children paid for by Child Care Food Program) _____ \$ (a)</p> <p>Times % of certified enrollment (Column B #4) _____ x _____ % (b)</p> <p>Equals CERTIFIED BUDGET portion _____ = \$ (c)</p>
7)	Equipment Replacement (6500) (Annual, other than Start-Up)	\$	
8)	Depreciation or Use Allowance	\$	
9)	Indirect Cost	\$	
10)	Other: _____	\$	<p>11) BUDGET TOTAL (Transfer amount to Column D1)</p> <p>\$ _____</p> <p>Total Administrative costs <u>included above</u> (includes "Indirect") (Total Administrative costs, including "Indirect," are limited to 15% of the total contract).</p> <p>\$ _____</p>

Form A/Page 2

Column C State Contract Income Needed		Column D Other Income Needed	
1. Certified cde (from Column B, Line 1c)	(a)	1. Budget TOTAL (from Column A, #11)	\$
Times maximum daily rate	x \$ 27.59	2. Minus lesser of 1b or 2 (from Column C)	— \$
Equals maximum reimbursement	= (b)	3. Equals other income needed (D1-D2) (Should be greater than or equal to D2)	= \$
2. Certified budget portion (from Column B, line 5c):	\$	This is the other income needed to run your program in addition to the amount requested by this State Child Development contract. Please show the sources of all additional income:	
State Child Development contract income needed is the lesser of C1(b) or C2: This lesser amount will be the amount requested on page 1 of this application and entered into Column D2.		Nutrition Program:	\$
		Parent fees (noncertified children):	\$
		Donations and Grants:	\$
		Fundraising:	\$
		Other (specify): _____	\$
		Other (specify): _____	\$
		TOTAL Other Income	\$

BUDGET NOTES: (Use the space below to help clarify the proposed budget. Include in your explanation the source of donations, grants, fundraising, and other income sources)

Form B

Amount requested as a Start-up Allowance*: \$

*MAY NOT EXCEED 15 PERCENT OF THE TOTAL AMOUNT OF FUNDS REQUESTED

2002-2003 GCTR Program Calendar (Fiscal Year) Form C For CDD Use Only

LEGAL NAME OF AGENCY:	PROJECT NUMBER
------------------------------	-----------------------

Provide a calendar for one full program year. Place an "X" on every day your program will be open for service. Total and subtotal this information as instructed below. Enter the total number of days open for each quarter in the bottom right-hand corner. Please print clearly.

<p>FIRST QUARTER</p> <p>JULY 2002</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>SU</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>SA</th></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> </table> <p>Days of Operation: _____</p>	SU	M	T	W	TH	F	SA		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				<p>AUGUST 2002</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>SU</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>SA</th></tr> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> <p>Days of Operation: _____</p>	SU	M	T	W	TH	F	SA					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	<p>SEPTEMBER 2002</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>SU</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>SA</th></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Days of Operation: _____ Subtotal: _____</p>	SU	M	T	W	TH	F	SA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30												
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OF SCHOOL DAYS: _____

OF VACATION DAYS: _____

TOTAL DAYS OF OPERATION: _____

2003-2004 GCTR Program Calendar (Fiscal Year)	Form D	For CDD Use Only
LEGAL NAME OF AGENCY:	PROJECT NUMBER	
<p>Provide a calendar for one full program year. Place an "X" on every day your program will be open for service. Total and subtotal this information as instructed below. Enter the total number of days open for each quarter in the bottom right-hand corner. Please print clearly.</p>		

**FIRST
QUARTER**

JULY 2003

SU	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Days of Operation: _____

AUGUST 2003

SU	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Days of Operation: _____

SEPTEMBER 2003

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Days of Operation: _____ Subtotal: _____

**SECOND
QUARTER**

OCTOBER 2003

SU	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Days of Operation: _____

NOVEMBER 2003

SU	M	T	W	TH	F	SA
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Days of Operation: _____

DECEMBER 2003

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Days of Operation: _____ Subtotal: _____

**THIRD
QUARTER**

JANUARY 2004

SU	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Days of Operation: _____

FEBRUARY 2004

SU	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Days of Operation: _____

MARCH 2004

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Days of Operation: _____ Subtotal: _____

**FOURTH
QUARTER**

APRIL 2004

SU	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Days of Operation: _____

MAY 2004

SU	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Days of Operation: _____

JUNE 2004

SU	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Days of Operation: _____ Subtotal: _____

OF SCHOOL DAYS: _____

OF VACATION DAYS: _____

TOTAL DAYS OF OPERATION: _____

STATE OF CALIFORNIA

Form E

VENDOR DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD. 204 (REV. 12-94)

NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.

Section 1 must be completed by the requesting state agency before forwarding to the vendor.

1	PLEASE RETURN TO:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">DEPARTMENT/OFFICE</td> <td>Department of Education ATTN: CDD</td> </tr> <tr> <td>STREET ADDRESS</td> <td>560 J Street, Suite 220</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td>Sacramento, CA 95814</td> </tr> <tr> <td>TELEPHONE NUMBER</td> <td>(916) 322-6233</td> </tr> </table>	DEPARTMENT/OFFICE	Department of Education ATTN: CDD	STREET ADDRESS	560 J Street, Suite 220	CITY, STATE, ZIP CODE	Sacramento, CA 95814	TELEPHONE NUMBER	(916) 322-6233	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payment. <i>(See Privacy Statement on reverse.)</i>
DEPARTMENT/OFFICE	Department of Education ATTN: CDD										
STREET ADDRESS	560 J Street, Suite 220										
CITY, STATE, ZIP CODE	Sacramento, CA 95814										
TELEPHONE NUMBER	(916) 322-6233										
2	VENDOR'S BUSINESS NAME										
SOLE PROPRIETOR-ENTER OWNER'S FULL NAME HERE (Last, First, M.I.)											
MAILING ADDRESS (Number and Street or P.O. Box Number)											
(City State and Zip Code)											
3	VENDOR ENTITY TYPE	CHECK ONE BOX ONLY <table style="width: 100%;"> <tr> <td><input type="checkbox"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)</td> <td><input type="checkbox"/> PARTNERSHIP</td> </tr> <tr> <td><input type="checkbox"/> EXEMPT CORPORATION (Non-profit)</td> <td><input type="checkbox"/> ESTATE OR TRUST</td> </tr> <tr> <td><input type="checkbox"/> ALL OTHER CORPORATIONS</td> <td><input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR</td> </tr> </table>		<input type="checkbox"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> EXEMPT CORPORATION (Non-profit)	<input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> ALL OTHER CORPORATIONS	<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR	NOTE: State and local governmental entities, including school districts are not required to submit this form.	
<input type="checkbox"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)	<input type="checkbox"/> PARTNERSHIP										
<input type="checkbox"/> EXEMPT CORPORATION (Non-profit)	<input type="checkbox"/> ESTATE OR TRUST										
<input type="checkbox"/> ALL OTHER CORPORATIONS	<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR										
4	VENDOR'S TAXPAYER I.D. NUMBER	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 (See Reverse) <table style="width: 100%;"> <tr> <td style="width: 50%;">FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)</td> <td style="width: 50%;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>		FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)	SOCIAL SECURITY NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.			
FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)	SOCIAL SECURITY NUMBER										
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
5	VENDOR RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> California Resident-Qualified to do business in CA or a permanent place of business in CA</td> </tr> <tr> <td><input type="checkbox"/> Nonresident (See Reverse) Payments for services by nonresidents may be subject to state withholding</td> </tr> <tr> <td><input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED</td> </tr> <tr> <td><input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA</td> </tr> </table>		<input type="checkbox"/> California Resident-Qualified to do business in CA or a permanent place of business in CA	<input type="checkbox"/> Nonresident (See Reverse) Payments for services by nonresidents may be subject to state withholding	<input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED	<input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. <i>(See reverse.)</i>			
<input type="checkbox"/> California Resident-Qualified to do business in CA or a permanent place of business in CA											
<input type="checkbox"/> Nonresident (See Reverse) Payments for services by nonresidents may be subject to state withholding											
<input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED											
<input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA											
6	CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.									
		AUTHORIZED VENDOR REPRESENTATIVE'S NAME (Type or Print)	TITLE								
		SIGNATURE -	DATE	TELEPHONE NUMBER							

VENDOR DATA RECORD

STD. 204 (Rev. 12-94)(REVERSE)

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their vendor identification number.

A corporation will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For individuals/sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a partnership is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call.....1-800-852-5711
From outside the United States, call....1-800-854-6500
For hearing impaired with TDD, call...1-800-822-6268

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the vendor are \$1500 or less for the calendar year.

A nonresident vendor may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address listed below. A waiver will generally be granted when a vendor has a history of filing California returns and making timely estimated payments. If the vendor activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Withhold at Source Unit
Attention: State Agency Withholding Coordinator
P.O. Box 651
Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109. The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section.

ASSURANCE OF NONDISCRIMINATION IN STATE-SUPPORTED PROGRAMS AND ACTIVITIES COMPLIANCE CERTIFICATION

Form F

LEGAL NAME OF AGENCY:

The above-noted agency (referred here as "Agency") agrees that during the performance of this contract, the Agency and its subcontractors shall not deny the contract's benefits to any person on the basis of religion, color, ethnic group identification, sex, age, physical or mental disability, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religion, color, national origin, ancestry, physical handicap, mental disability, medical condition, marital status, age (over 40) or gender. The Agency also agrees to insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination.

The Agency agrees to comply with the provisions of the Fair Employment and Housing Act (*Government Code* sections 12900 et seq.), the regulations promulgated thereunder (Title 2, *Cal. Admin. Code*, sections 7285.0 et seq.), the provisions of Title 2, *Government Code*, Division 3, Article 9.5, Chapter 1, Part 1 (*Government Code* sections 11135-11139.5), and the regulations or standards adopted by the California Department of Education to implement Article 9.5.

The Agency and its subcontractors agree to permit access by representatives of the Department of Fair Employment and Housing and the California Department of Education upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours notice, to such of its books, records, accounts, other sources of information and its facilities as these Departments shall require to ascertain compliance with this assurance.

The Agency and its subcontractors agree to give written notice of their obligations under this assurance to labor organizations with which they have a collective bargaining or other agreement.

The Agency agrees to include the nondiscrimination and compliance provisions of this assurance in all subcontracts to perform work under the contract.

The Agency agrees to ensure that each of its employees are aware of the rights of ultimate beneficiaries and the responsibilities of the Agency under Article 9.5, and make available to ultimate beneficiaries and other interested persons information regarding the provisions of Article 9.5 and its applicability to the program or activity for which the Agency receives state support.

The Agency recognizes and agrees that the California Department of Education's support will be extended in reliance upon the representations and agreements made in this assurance, and that the California Department of Education shall have the right to seek administrative and judicial enforcement of this assurance. This assurance is binding on the Agency, its successors, transferees, and assignees.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized to legally bind the Agency to the above described assurance. I am fully aware that this assurance, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

OFFICIAL'S NAME

DATE EXECUTED

EXECUTED IN THE COUNTY OF

PROSPECTIVE CONTRACTOR'S SIGNATURE

PROSPECTIVE CONTRACTOR'S TITLE

PROSPECTIVE CONTRACTOR'S LEGAL BUSINESS NAME